. Ani	Reduced Act of 1888, no pa NT APPLICATION F Subsellinte	for Form PTO-676	***************************************	OKD .	7	or bolloallon or bo	okel Humber
API	MICATION AS FILED:	-PARTI		-		14/50	LLILIA
FOR	Topiditii 17	(Oolumn 2)		MALL ENTIT		. n	THEO +
BASIO FEE	HUMBER FILED :	NUMBER EXTRA				OR SM	THER THAN ALL ENTITY
BEAROH FEE	+	1	RATI	CO. PE	<u>(1)</u>	RATE	
EXAMINATION (I) OF (III)							FEE
104 VIN 1.46(d) Vol and July		-			7		-
OF OFR 1.18011			1		7	-	
MOEPENDENT OLAIMS	minus zo =	4	I X O	5:1			
	# B sunkin		1700	-	. OR	x 600	= [
APPLICATION GIZE FEE	If the specification and consider of paper, the apple \$250 (\$125 for small)	trawings exceed 100				x200	-
97 CFR 1.18(s))	Additional to 4	and by for each	11		. 1.		1-
AUN TIQUE DES	35 U.S.C. 41(a)(1)(G) an	id-37. CFR 1.18(e)	11.		1	1	$T^*$
DEPENDENT C	LAIM PRESENT (37 CFR. 1 16	ani.	TRA		1		1.
If the difference in column	I is less than zero, enter of in	n activity in	1 180	-	_1 :	360	1
APPLICATI	ON AS AMENDED - F	wumn 2,	. TOTAL				1
	- ' <del>-</del> '	PARTII				TOTAL	
		umn 2) (Column 3)					
REM	AINING HIGH	(EST DECEMBER	1 7	L ENTITY	OR	OTHER SMALL	THAN
Total AMEN	DMENT PREVIO	DUSLY FXTDA	RATE (\$)	ADDI: TIONAL	17	RATE (\$)	
Total AMEN GI CFR (160) Independent GI CFR (160)	. euniM	= .	1	FEE (1)	1 1	\	ADDI. · TIONAL ·
Application of	Minus ***	7 =	XOX =	1	OR	x 50	FEE (1)
Application Size Fee (37	CFR 1.16(s))		× 10. N		OR.	0200	
THESENTATION OF	MULTIPLE DEPENDENT CLAIM	(87 CFF( 1.16(I))	180	<b></b>		1	
	. 1		TOTAL	-	OR	360	
(Colum			ADD'L FEE	1	OR A	OTAL DO'L FEE	<u> </u>
CLAII REMAN	AS HIGHES	100				L CLEEK	-
AFTE	R PREVIOUS	g v Evro	RATE (\$)	· ADDI-			
CIT COR LIGHT	Minus **	R		TIONAL FEE (\$)		PATE (\$)	ADDI- TIONAL
tridependent	Minus 444		X =				FEE (\$)
Application Size Fee (87 O	R 1.16(s))		Χ· =		OR X	=	
FIRST PRESENTATION OF MI	ILTIPLE DEPENDENT OLAIM (3				OR X	=	
	" STENDENT OLAIM (8	OFR 1.16(I)			on 1-		
	es than the entry in column 2, louely Paid For: IN THIS SPAC		TOTAL ADD'L FEE		OR TOT	-	
I the aut.	es than the entry in column 2, louely Paid For IN THIS BPAC OUSLY Paid For IN THIS BPAC LELY Paid For Molal or Indepe						

The "fighest Number Previously Paid For" (IN THIS SPACE is less than s, enter "s".

The "fighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 DFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the underly gathering, preparing, and submitting the completed application form to the understand of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officers. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.